ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER

JANUARY 2025

THE NUMBERS LISTED BELOW ARE FOR FEE-FOR-SERVICE (FFS) SUPPORT

Prime Therapeutics Pharmacy Support Center (Pharmacy, Member, and Prior Authorization)
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8:00 a.m. – 5:00 p.m.,
Central Time (CT)
excluding State holidays

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24 Hours A Day,
7 Days a Week

Clinical PA Fax (PDL)
1-800-424-5739
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7 Days a Week

Division of Medical Services Pharmacy Unit
P.O. Box 1437, Slot S-415
Little Rock, AR 72203
Fax: 501-683-4124 OR
800-424-5851
Phone: 501-683-4120
Monday – Friday
8:00 a.m. – 4:30 p.m.,
Central Time (CT)
excluding State holidays

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DRUG UTILIZATION REVIEW (DUR) BOARD UPDATE

The following will be presented during the **January 15, 2025** DUR Board meeting.

Preferred Drug List Full Review	Glucagon agents, GLP-1 Agonists, Uterine Disorder agents, Duchenne Muscular Dystrophy agents
Preferred Drug List Abbreviated Review	Alpha Glucosidase Inhibitors, DPP-4 Inhibitors, Meglitinides, Metformin Products, SGLT-2 Inhibitors, Sulfonylureas, thiazolidinediones, Antiemetics, Non-sedating Antihistamines, Intranasal Rhinitis
Manual Review PA Criteria	Nemluvio®, Miplyffa™, Aqneursa™, Hympavzi™, Vyalev™, Duvyzat™, Lodoco®, Yorvipath®
Updates	Clean up manual review meds in PA criteria document, update general medication policy

https://ar.primetherapeutics.com/documents/d/arkansas/dur-board-agenda-for-jan-15-2025

ARKANSAS MEDICAID DUR BOARD OPEN POSITIONS

The Arkansas Medicaid Drug Utilization Review Board (DUR Board) is established under the authority of 42 U.S.C. §1396r–8(g)(3) and 42 CFR §456.716. The Board is responsible for establishing Prospective Drug Utilization Review (ProDUR) edits, Retrospective Drug Utilization Review (RDUR) criteria, and provider educational interventions. The Board is also responsible for making recommendations to the State concerning the preferred drug list (PDL).

The Board's mission is to improve the quality of care of Arkansas Medicaid beneficiaries receiving prescription drug benefits and conserve program funds while ensuring therapeutically and medically appropriate pharmacy care.

The Board meets quarterly on the 3rd Wednesday of January, April, July, and October from 8:30am-12:30pm. The Board is composed of actively practicing physicians and pharmacists. Currently, the Board has 1 open physician position that specializes in rare diseases and 1 open pharmacist position. If you are interested in serving our Medicaid population, email a CV to Cindi Pearson, PharmD (DUR Coordinator) at cinnamon.pearson@dhs.arkansas.gov.

For more information, contact Dr. Pearson or view the bylaws found at the link below.
https://ar.primetherapeutics.com/documents/d/arkansas/dur-board-bylaws-final-july_2024

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NEW WEBSITE URL

Beginning 12/1/2024, the Arkansas Medicaid pharmacy website can be found at the following URL. https://ar.primetherapeutics.com/home

The website address with Magellan Rx will no longer be valid. Please update this new website address to your favorites.

ARKANSAS MEDICAID DIABETIC SUPPLY PROGRAM

Arkansas Medicaid updated the diabetic supply program beginning August 1, 2024. This update changed billing to a pharmacy claim type submission by both pharmacies and DME providers. DME providers must enroll and use the new billing portal to provide diabetic supplies to Medicaid beneficiaries. Pharmacy providers submit claims for diabetic supplies as normal prescriptions directly through their pharmacy system. The program has been successful for Medicaid beneficiaries as well as pharmacies and DME providers. Utilization data for August and September of 2024 for fee-for-service (FFS) beneficiaries:

Pharmacy submissions:

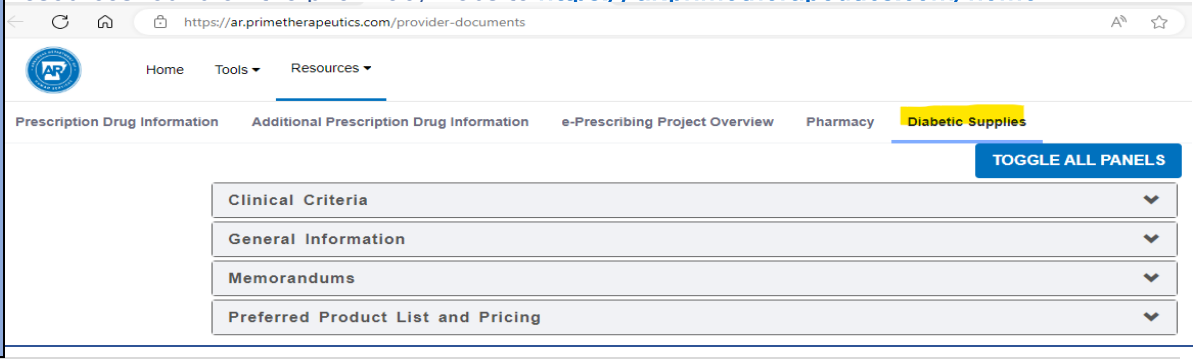
Point-of sale claims	# Paid Claims	# Beneficiaries	#Pharmacies
Blood Glucose Meters	803	803	325
Blood Glucose Test Strips	1401	1059	380
Preferred Continuous Glucose Monitors	3317	1614	518
Nonpreferred CGMs	108	62	1
Insulin Pumps	92	49	45
*All other products	1534	1052	402

DME submissions:

Point-of sale claims	# Paid Claims	# Beneficiaries	#DME Providers
Blood Glucose Meters	419	419	3
Blood Glucose Test Strips	768	432	4
Continuous Glucose Monitors	32	20	1
*All other products	80	43	2

*All other products includes lancing devices, lancets, test strips, syringes, pen needles, and control solutions

Our program encourages DME providers, pharmacies, and prescribers to use the informational resources found on the pharmacy website https://ar.primetherapeutics.com/home



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Some important resources found on the website:

1. https://ar.primetherapeutics.com/documents/d/arkansas/p1-clinical-criteria-and-preferred-products-final-v1
2. https://ar.primetherapeutics.com/documents/d/arkansas/faq-for-dme
3. https://ar.primetherapeutics.com/documents/d/arkansas/arkansas-medicaid-rx-web-claims-submission-user-guide

For further information, contact the Prime Therapeutics Help Desk at 800-424-7895.

ANTIBIOTIC STEWARDSHIP—written by Dr. William Golden

Overuse of antibiotics remains a major clinical issue. Casual prescribing can promote resistant organisms, change the biome, and induce iatrogenic injury. Most hospitals and nursing homes now have ongoing stewardship programs to guide appropriate use of these agents.

Outpatient antibiotic stewardship is a more recent development. Antibiotics are overused for common respiratory presentations, which are often viral or self-limited. Past studies of Arkansas Medicaid claims data demonstrated substantial over prescribing of antibiotics for sinus conditions, sore throat, and ear infections.

Arkansas and many southern states have very high per capita use of antibiotics. The Arkansas health system prescribes outpatient antibiotics nearly 1/3 higher than the national average. Walk-in clinics and emergency rooms are particularly prone to casual prescriptions for acute presentations.

Arkansas Medicaid's PCH program is now in its 11th year. It has focused on outpatient antibiotic stewardship for the past several years. Every primary care medical home (PCMH) receives its rate of antibiotic prescriptions per panel member in their online clinical report cards. As the initiative has matured, so has the sophistication of the data presentation.

Practices can now drill down and see who in the practice is prescribing what agents to how many patients. The PCMH program now features financial disincentives for practices that are substantial outliers to community norms. These outlier practices are often prescribing antibiotics at double the national rate.

This antibiotic stewardship program has reduced Medicaid antibiotic prescribing compared to the rate seen in commercial insurance populations. Nevertheless, Arkansas Medicaid antibiotic prescribing remains substantially higher than the national average.

Practices that are overusing antibiotics do so for several ambulatory clinical conditions and need to recalibrate their prescribing triggers. Together, we can improve our state's performance and reduce the risk of clinical complications, such as antibiotic resistance, *C. difficile* infections, and serious allergic reaction reactions.

Reducing antibiotic prescribing is good clinical care. This is truly one area of medicine that "less is more".

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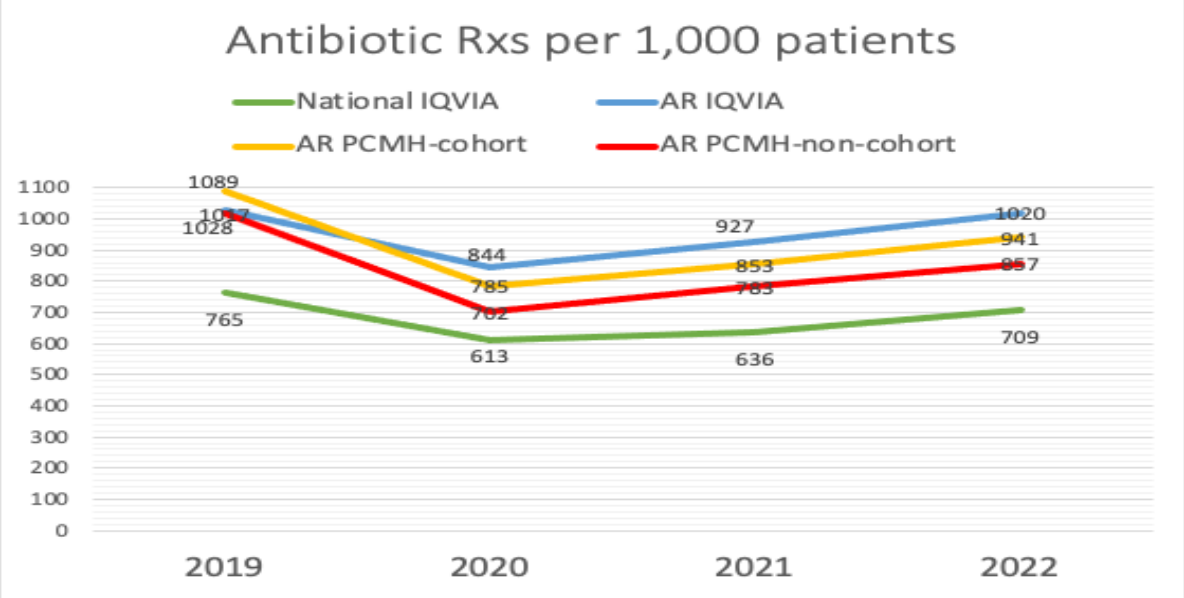
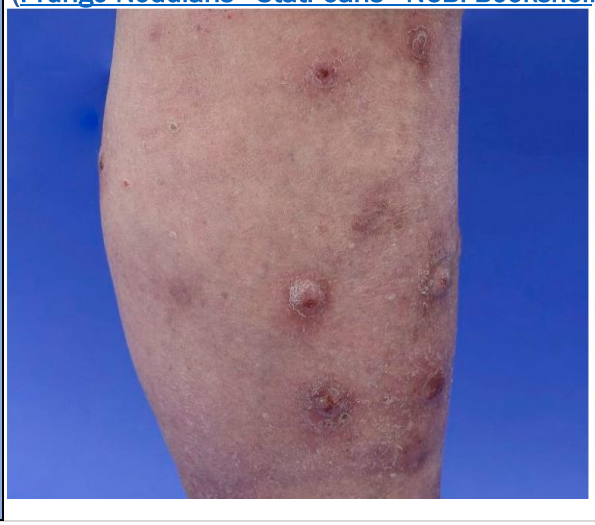


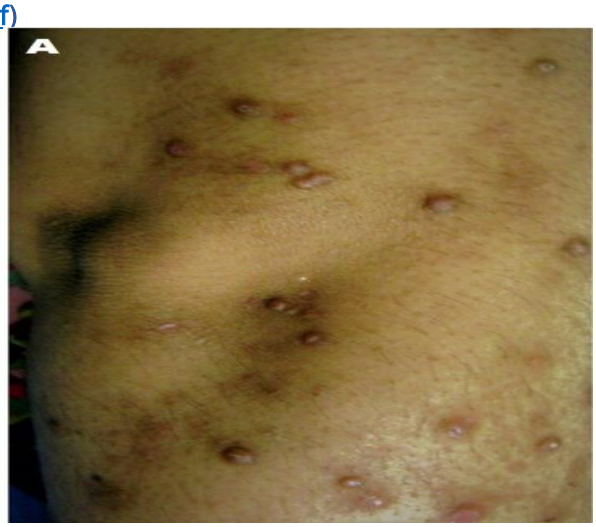
UNDERSTANDING PRURIGO NODULARIS

Prurigo nodularis (PN) is a chronic skin disorder characterized by multiple, firm, flesh-to-pink colored papules, plaques, and nodules predominantly found on the extensor surfaces of the extremities. These lesions are intensely pruritic and manifest across diverse age groups.

The nodules can be flesh-colored, erythematous, pink, and brown/black. The lesions can begin as normal skin or areas of xerosis; patients will scratch them due to pruritus until the dome-shaped nodule forms. Typically, the lesions are found symmetrically on the extensor surfaces of the arm and legs. Lesions can also be found in the occipital region of the scalp. The upper back, abdomen, and sacrum also can be involved. Lesions can often appear excoriated due to the pruritus involved with PN. Excoriated lesions are at increased risk of secondary infection and can appear crusted, erythematous, or painful if infected.

(Prurigo Nodularis - StatPearls - NCBI Bookshelf)





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Management of PN encompasses a multifaceted approach involving potent antipruritic, immunomodulators, and neuromodulators tailored to patients' specific needs. Long-term therapy is often necessary as PN tends to be refractory to conventional treatments, emphasizing the importance of patient education, counseling, and compliance.

Treatment options:

- Topical and intralesional therapy—topical steroids, intralesional steroids, topical calcineurin inhibitors, topical capsaicin, and topical vitamin D analogs
- Antihistamines and leukotriene inhibitors—high-dose nonsedating antihistamines, and montelukast
- Phototherapy
- Oral immunosuppressants—MTX, azathioprine, cyclophosphamide, tacrolimus
- Novel options—thalidomide, lenalidomide, SSRIs, TCAs, Naloxone/naltrexone, aprepitant or serlopitant, nemolizumab or dupilumab

First-line therapy

- Class I topical steroids
- Intralesional injections
- Topical menthol solution
- Systemic antihistamines

Second-line therapy

- Phototherapy
- Systemic immunosuppressives
- Thalidomide
- Lenalidomide
- Opioid receptor antagonists

1) *Prurigo nodularis: What it is, symptoms, causes & treatment* (2024) *Cleveland Clinic*. Available at: https://my.clevelandclinic.org/health/diseases/25247-prurigo-nodularis (Accessed: 20 December 2024).

2) Practical approaches for diagnosis and management of prurigo nodularis: United States expert panel consensus. Elmariah, Sarina et al., Journal of the American Academy of Dermatology, Volume 84, Issue 3, 747 – 760

3) Prurigo nodularis. Huang, Amy H. et al., Journal of the American Academy of Dermatology, Volume 83, Issue 6, 1559 – 1565

4) Ludmann, P. (2021) Prurigo nodularis: Signs and symptoms, American Academy of Dermatology. Available at: https://www.aad.org/public/diseases/a-z/prurigo-nodularis-symptoms (Accessed: 20 December 2024).

RARE DISEASES DURING THE JANUARY 2025 DUR BOARD MEETING

Lately, rare diseases seem to be the focus during the Arkansas Medicaid DUR Board meetings. Treatment for these rare diseases are typically very expensive and require significant monitoring. Rare diseases that will be discussed during the upcoming DUR Board meeting include:

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- **Niemann-Pick Disease Type C (NPC)**
  Niemann-Pick Disease Type C is considered a lysosomal storage disorder and is a rare genetically inherited disease with mutations in the NPC1 or NPC2 genes which impair intracellular cholesterol/lipid transport. Impaired transport causes cholesterol/lipid to accumulate in lysosomes causing brain, bone marrow, liver, spleen and lung damage due to cell death.

  Over time, the nerves and brain also are affected. This causes problems with eye movements, walking, swallowing, hearing and thinking. Symptoms vary widely, can appear at any age and get worse over time.

- **Hemophilia A and B**
  Hemophilia A and B are the most common severe hereditary hemorrhagic disorders. Hemophilia A and Hemophilia B result from factor VIII and factor IX protein deficiency, respectively. Hemophilia A and B are characterized by prolonged and excessive bleeding after minor trauma or sometimes even spontaneously.

  The estimated frequency of hemophilia is around 1 in 10,000 live births, and the number of people worldwide living with hemophilia is about 400,000. Hemophilia A is more prevalent (80% to 85% of the total hemophilia population) than hemophilia B. It presents in 1 in 5,000 live male births, whereas hemophilia B presents in 1 in 30,000 live male births.

  Severity of hemophilia
  - **Mild hemophilia**—patients have 5-40% of factor activity of normal; spontaneous bleeding is uncommon
  - **Moderate hemophilia**—patients have 1-5% of factor activity of normal; bleeding usually present after trauma, injury, dental work or surgery
  - **Severe hemophilia**—patients have <1% of factor activity of normal; bleeding often occurs spontaneously. Patients may have internal bleeding, bleeding in joints, or brain bleeds.

- **Duchenne Muscular Dystrophy (DMD)**
  Duchenne muscular dystrophy is a rare genetic condition that is characterized by progressive muscle damage and weakness. This rare disease is caused by a genetic mutation that prevents the body from producing a protein called dystrophin. Without dystrophin, muscles become more and more damaged and weakened. They may also lose the ability to repair themselves after an injury. Over time, children with DMD will develop problems walking and breathing, and eventually, the heart and the muscles that help them breathe will stop working. DMD is an irreversible, progressive disease. While there have been many advancements in the management of DMD, there is no cure at present.

  DMD primarily affects males, with 1 in 3,500 to 5,000 boys born worldwide having DMD. In rare cases, it can also affect females.

- **Hypoparathyroidism**
  Hypoparathyroidism is a rare condition in which the parathyroid glands fail to produce sufficient amounts of parathyroid hormone or the parathyroid hormone produced lacks biologic activity. Parathyroid hormone (along with vitamin D and the hormone calcitonin, which is produced by the thyroid gland) plays a role in regulating the levels of calcium and phosphorus in the blood and in determining bone growth and bone cell activity. Due to deficiency of parathyroid hormone, individuals may exhibit abnormally low levels of calcium in the blood (hypocalcemia) and high levels of phosphorus (hyperphosphatemia).

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NEW FDA APPROVED MEDS 2024	INDICATION	AR MEDICAID COVERAGE
Rivfloza™	Treat primary hyperoxaluria type 1	Manual review with criteria determined by the DUR Board
Agamree®	Treatment of Duchenne Muscular Dystrophy	Manual review with criteria determined by the DUR Board
Filsuvez®	Treat dystrophic and junctional epidermolysis bullosa	Manual review with criteria determined by the DUR Board
Duvyzat™	Treat Duchenne Muscular Dystrophy	Manual review with criteria determined by the DUR Board
Winrevair™	Treat pulmonary arterial hypertension	Nonpreferred in the PAH class
Rezdiffra™	Treat noncirrhotic nonalcoholic steatohepatitis	Manual review with criteria determined by the DUR Board
Vafseo®	Anemia due to CKD	Manual review with criteria determined by the DUR Board
Opsynvi™	Treat pulmonary arterial hypertension	Nonpreferred in the PAH class
Tyenne®	Biosimilar to Actemra®	Nonpreferred in the targeted immunomodulators class
Eohilia™	Treat eosinophilic esophagitis	Point-of-sale edit looking for proper diagnosis
Simlandi®	Biosimilar to Humira®	Nonpreferred in the targeted immunomodulators class
Jubbonti®	Biosimilar to Prolia®	Nonpreferred in the osteoporosis class with Prolia® criteria
Wyost®	Biosimilar to Xgeva®	Manual review with Xgeva® criteria
Tryvio™	Treat hypertension	Nonpreferred in the HTN class with criteria
Voydeya™	Treat paroxysmal nocturnal hemoglobinuria	Manual review with criteria determined by the DUR Board
Anktiva®	Bladder Cancer	Excluded in pharmacy; medical review only
Ojemda™	Pediatric low-grade glioma	Manual review based on the oncology policy
Xolremdi™	WHIM Syndrome	Manual review with criteria determined by the DUR Board
Imdelltra™	Extensive stage SCLC	Excluded in pharmacy; medical review only
Rytelo™	Myelodysplastic syndrome	Excluded in pharmacy; medical review only
Iqirvo®	Primary biliary cholangitis	Manual review with criteria determined by the DUR Board
Sofdra™	Hyperhidrosis	Manual review with criteria determined by the DUR Board
Piasky®	Paroxysmal nocturnal hemoglobinuria	Manual review with criteria determined by the DUR Board
Ohtuvayre™	COPD	Manual review with criteria determined by the DUR Board

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Kisunla™	Alzheimer's disease	Excluded in pharmacy; medical review only
Voranigo®	Astrocytoma/oligodendroglioma	Manual review based on the oncology policy
Yorvipath®	Hypoparathyroidism	Manual review with criteria determined by the DUR Board
Livdelzi®	Primary biliary cholangitis	Manual review with criteria determined by the DUR Board
Lacluze™	NSCLC	Manual review based on the oncology policy
Ebglyss™	Atopic dermatitis	Nonpreferred in the AD class with criteria
Miplyffa™	Niemann-Pick disease	Manual review with criteria determined by the DUR Board
Aqneursa™	Niemann-Pick disease	Manual review with criteria determined by the DUR Board
Cobenfy™	Schizophrenia	Nonpreferred in the antipsychotic class with specific criteria
Steqeyma®	Biosimilar to Stelara®	Nonpreferred in the targeted immunomodulators class
Crenessity™	Congenital Adrenal Hyperplasia	Manual review with criteria determined by the DUR Board
Unloxcyt™	SCC	Excluded in pharmacy; medical review only
Bizengri®	NSCLC, pancreatic cancer	Excluded in pharmacy; medical review only
Yesintek™	Biosimilar to Stelara®	Nonpreferred in the targeted immunomodulators class
Attruby™	Cardiomyopathy of transthyretin-mediated amyloidosis	Manual review with criteria determined by the DUR Board
Rapiblyk™	Supraventricular Tachycardia	Excluded in pharmacy; medical review only
Ziihera®	Biliary tract tumor	Excluded in pharmacy; medical review only
Revuforj®	AML, ALL	Manual review based on the oncology policy
Aucatzyl®	ALL	Excluded in pharmacy; medical review only
Danziten™	CML	Manual review based on the oncology policy
Emrosi™	Rosacea	Nonpreferred in the minocycline class
Orlynvah™	UTI	Manual review with criteria determined by the DUR Board
Vyloy®	Gastric cancer	Excluded in pharmacy; medical review only
Vyalev™	Parkinson's Disease	Manual review with criteria determined by the DUR Board
Hympavzi™	Hemophilia A and B	Manual review with criteria determined by the DUR Board

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Itovebi™	Breast cancer	Manual review based on the oncology policy
Imuldosa™	Biosimilar for Stelara®	Nonpreferred in the targeted immunomodulators class

USEFUL LINKS/PHONE NUMBERS

DHS webpage
(contains official notices and other information for providers and clients)
https://humanservices.arkansas.gov/divisions-shared-services/medical- services/helpful-information-for-providers/

DHS provider manuals
https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/manuals/

Arkansas Foundation for Medical Care (AFMC)
If you are having billing issues for vaccines and other medical professional claims, contact AFMC or your outreach specialist.
https://www.afmc.org/
https://medicaid.afmc.org/services/arkansas-medicaid-management-information-system
AFMC PHONE: 479-649-8501
AFMC FAX: 479-649-0799

DME billing assistance
Kara Orvin phone: 501-630-6064
Kara.L.Orvin@dhs.arkansas.gov

Third Party Liability (TPL) phone: 501-537-1070

Provider Assistance Center (PAC)
For questions about individual or pharmacy enrollment, please contact the provider assistance center.
Provider Assistance Center (PAC) in Arkansas: 800-457-4454
Provider Assistance Center (PAC) from out of state: 501-376-2211

Opioid guidance

- https://ar.primetherapeutics.com/provider-documents
- https://www.cdc.gov/drugoverdose/
- https://www.samhsa.gov/medication-assisted-treatment
- The Dangers Of Mixing Benzodiazepines With Opiates - Opioid Treatment
- https://www.rehabs.com/blog/the-polypharmacy-overdose-a-killer-trend/
- https://narcansas.com/
- https://afmc-analytics.maps.arcgis.com/apps/MapSeries/index.html?appid=2977d338de974451af5ce8ff24d2a30c
- https://www.cdc.gov/overdose-prevention/

DUR BOARD MEETING DATES
January 15, 2025
April 16, 2025
July 16, 2025
October 15, 2025